Morbidity and Mortality

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WEEKLY REPORT

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EPIDEMIOLOGIC NOTES AND REPORTS COCCIDIOIDOMYCOSIS — California

On July 5, 1972, an archaeology student from New York digging for Indian artifacts with 38 others in the Cascade Mountains near Red Bluff, California, became ill with fever, night sweats, myalgia, headache, stiff neck, chest pain, and shortness of breath. A skin test on July 17 was positive for coccidioidomycosis.

Of the total 39 participants, 34 were interviewed on July 17: 16 (47%) reported cough or chest pain, and approximately half of those ill demonstrated skin test conversion to coccidiodin. Six patients to date have had positive serologic tests. Results of soil cultures are still pending.

In 1970 an outbreak of coccidioidomycosis was reported in a group of students excavating a site near Chico, approximately 40 miles south of the current outbreak (MMWR, Vol. 19, No. 31). The outbreak near Chico established that area as the northernmost point known to be endemic for coccidi-

CONTENTS

Epidemiologic Notes and Reports	
Coccidioidomycosis — California	289
Imported Typhoid Fever — Arizona, Colorado, Ohio	290
Typhoid Fever — Washington	290
Surveillance Summary	
Aseptic Meningitis — United States, 1970	291
International Notes	
Quarantine Measures	296

oidomycosis. The current outbreak identifies an area even farther north than Chico. In California, other major areas known to be endemic are the San Joaquin Valley and the Sacramento Valley as far north as Red Bluff; however, the disease has also been contracted in the San Diego area, the Paso Robles area, the San Fernando Valley, and Riverside County. The disease is also recognized in the southern tip of

TABLE I. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES (Cumulative totals include revised and delayed reports through previous weeks)

	34th WEI	EK ENDING	MEDIAN	CUMULATIVE, FIRST 34 WEEKS				
DISEASE	August 26, 1972	August 28, 1971	MEDIAN 1967-1971	1972	1971	MEDIAN 1967-1971		
Aseptic meningitis	180	297	167	1,918	2,760	1,957		
Brucellosis	7	6	3	120	106	141		
Chickenpox	299			113,342		M		
Diphtheria	- 9	6	6	63	107	106		
Encephalitis, primary:		1						
Arthropod-borne and unspecified	34	33	35	610	889	852		
Encephalitis, post-infectious	5	2	10	199	274	305		
Hepatitis, serum (Hepatitis B)	153	194	109	5,997	5,534	3,445		
Hepatitis, infectious (Hepatitis A)	1.068	1,133	889	35,969	39,394	30,326		
Malaria	13	30	42	666	2,097	1,801		
Measles (rubeola)	126	247	175	26,613	68,448	39,208		
Meningococcal infections, total	6	30	30	969	1,714	1,807		
Civilian	6	29	29	931	1.525	1,623		
Military		1	1	38	189	184		
Mumps	322	446		55,987	98,250			
Rubella (German measles)	193	200	201	20,435	37,948	43,076		
Tetanus	- 1	2	2	73	68	94		
Tuberculosis, new active	712			21,927				
Tularemia	5	4	4	92	110	110		
Typhoid fever	21	8	7	223	201	201		
Typhus, tick-borne (Rky. Mt. spotted fever)	25	15	13	376	306	268		
Venereal Diseases:†						10 THE SHOT		
Gonorrhea	17,772	14,202		473,237	418,043			
Syphilis, primary and secondary	522	465		16,012	15,334			
Rabies in animals	63	58	64	2,851	2,823	2,393		

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.	The state of the s	Cum.
Anthrax: Botulism: Congenital rubella syndrome: Calif. — 1 Leprosy: Leptospirosis: Calif. — 1 Plague:	6 24 81	Poliomyelitis, total: Paralytic: Psittacosis: Rabies in man: Trichinosis: N.J. – 2 Typhus, murine:	9 26 1 54

†Numbers for 1971 are estimated from quarterly reports to the Venereal Disease Branch, CDC

COCCIDIOIDOMYCOSIS- Continued

Nevada, southwest Utah, southern New Mexico, Arizona, and Texas.

(Reported by Demosthenes Pappagianis, M.D., Ph.D., Professor and Chairman, Department of Medical Microbiology, University of California School of Medicine at Davis; Richard W. Summers, P.H.N., and Lynn E. Wolfe, Jr., M.D., Health Officer, Tehama County Health Department; Ronald M. Wood, Ph.D., Chief, Microbial Diseases Laboratory, and S. Benson Werner, M.D., Medical Epidemiologist, Bureau of Communicable Disease Control, California State Department of Public Health.)

IMPORTED TYPHOID FEVER - Arizona, Colorado, Ohio

Between June 4, and July 17, 1972, three cases of typhoid fever thought to have been imported from Mexico were reported to CDC from Arizona, Colorado, and Ohio. These three cases are summarized below.

Case 1: On approximately July 17, a 27-year-old woman from Winkleman, Arizona, had sudden onset of fever, chills, and watery diarrhea and was admitted to a local hospital. On July 22, she was transferred to a hospital in Tucson. On admission physical examination revealed a temperature of 107.5°F, and mild abdominal tenderness. Two blood specimens from the patient yielded *Salmonella typhi*, resistant to chloramphenicol. She was first treated with gentamicin and later with ampicillin, despite a history of allergy to penicillin, and has subsequently recovered.

Epidemiologic investigation revealed that the woman and her husband had spent ten days in Mexico City in early July with ten other couples on a group tour. Investigation revealed no similar illness among other members of the tour. Case 2: On July 10, a 15-year-old boy from Aspen, Colorado, experienced lethargy, malaise, fever, and shaking chills and was hospitalized. A blood specimen yielded S. typhi, resistant to chloramphenicol. The patient's hospital course was complicated by a separate S. java intestinal infection, characterized by watery diarrhea, that lasted 3 days. He was treated for typhoid with ampicillin with good response and was discharged from the hospital after a negative follow-up culture.

Investigation revealed that the patient had returned from a month's motor tour of Mexico on July 10; no similar illness was reported in other members of the tour.

Case 3: On June 4, a 41-year-old woman from Columbus, Ohio, became ill with chills, fever, headache, nausea, vomiting, and mild diarrhea. Symptoms persisted for the next 17 days, and on June 22, she was hospitalized in Columbus.

Physical examination revealed a temperature of 104°F. and some right upper quadrant tenderness. Laboratory findings were hemoglobin-9.0 gms.% and white blood cell count -4.800 with 67% segmented neutrophils, 4% bands, 28% lymphocytes, and 1% eosinophils. Stool cultures were negative for S. typhi; however, a blood culture on June 26 was positive for S. typhi, phage type G 1, sensitive to chloramphenicol. The patient was treated with chloramphenicol and had an uneventful recovery.

Investigation revealed that the patient had been in Mexico from May 21 to May 26 and in Quito, Ecuador, the week before; also, she had worked as a social worker in Chile for the past 4 years.

(Reported by Alfred E. Stillman, M.D., private physician, Tucson, Arizona, Mary Fried, M.D., Tucson Medical Center; Clarence Robbins, M.D., Pima County Health Department; Frank Marks, Office of the State Epidemiologist, and Philip M. Hotchkiss, D.V.M., State Epidemiologist, Arizona State Department of Health; David L. McMillan, M.D., Aspen Clinic, Aspen, Colorado, Richard Saunders, M.D., St. Mary's Hospital, Grand Junction, Colorado; C. S. Mollohan, M.D., State Epidemiologist, Colorado State Department of Health; William Mitchell, M.D., Bruce Seigle, M.D., private physicians; John H. Ackerman, M.D., Chief, Bureau of Preventive Medicine, Ohio Department of Health; and two EIS Officers.)

Editorial Note

The first two of these three cases were infected with the same drug resistant epidemic strain of *S. typhi*. A total of six travelers from the United States have been reported infected with this epidemic strain since the outbreak in Central Mexico was first reported (MMWR, Vol. 21, No. 21). The third case reported here may have been exposed in Mexico, Ecuador, or Chile.

TYPHOID FEVER - Washington

Between April 4, and May 22, 1972, four of five family members (a 24-year-old woman, her newborn infant, and two children, ages 4 and 7) and a 31-year-old friend from Yakima County, Washington, had onset of fever, weakness, fatigue, vomiting, and diarrhea. All were hospitalized, treated with chloramphenicol and recovered uneventfully.

Stool specimens from all patients yielded S. typhi, phage type degraded Vi. Stool specimens were submitted by the fifth family member (an 8-year-old daughter) and other relatives and neighbors but were negative for S. typhi.

A review of the typhoid fever carrier files revealed a carrier living in the same block as the ill family. There was no direct contact between the family and the carrier, but their backyards were only 200 feet apart. The neighborhood consists of older small homes, all with septic tanks or cesspools and private wells. The area is low land adjacent to the Yakima River. The wells are shallow and drilled through the top soil

into a layer of river bed gravel; there is little filtration. Florescein dye was deposited in the toilet of the carrier's home, and 36 hours later the dye appeared in the tap water of the family's home and in several other wells in the vicinity. In addition, water samples from the family's home were tested at the state laboratory and were positive for *S. typhi*. Recommendations included suggestions that 1) the carrier be temporarily relocated in an area on city sewerage, 2) water from all homes in the neighborhood on private wells be boiled or chlorinated before consumption, and 3) city water and sewerage be installed in the neighborhood as soon as possible.

(Reported by Leland S. Harris, M.D., Health Officer, Yakima County Health District; Jack Allard, Ph.D., Chief, Laboratories Section, and Byron J. Francis, Chief, Epidemiology Section, Washington State Department of Social and Health Services, Health Services Division; and an EIS Officer.)

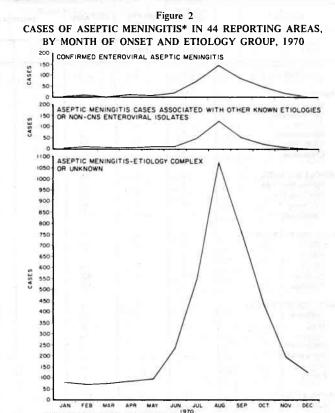
SURVEILLANCE SUMMARY ASFPTIC MENINGITIS — United States, 1970

In 1970, 5,272 cases of aseptic meningitis were reported to CDC, based on annual summary forms from 44 of 53 reporting areas.* This compares with 2,598 cases reported in 1969 by 31 reporting areas. There were 44 recorded deaths from the disease in 1970, compared with 37 recorded deaths in 1969. Most cases occurred in the late summer and early fall months. Attack rates by state are shown in Figure 1. The dissimilar attack rates from state to state reflect variations in incidence, reporting practice, and emphasis in epidemiologic and laboratory investigation. Therefore, these data provide only a general overview of nationwide distribution and incidence of aseptic meningitis.

A diagnostic etiology was confirmed by serologic evidence or by agent isolation from cerebral spinal fluid in 478 cases in 1970: 416 were associated with enteroviruses, 42 with mumps, four with herpes simplex, two with California encephalitis virus, and 14 with other known agents. In an additional 265 cases, an enterovirus was isolated from other than the central nervous system without accompanying serologic evidence of recent infection by the isolated agent. Monthly distribution of cases by etiologic group is shown in Figure 2.

(Reported by the Neurotropic Viral Diseases Unit, Viral Diseases Branch, and the Statistical Services Activity, Epidemiology Program; the Virology Section, Microbiology Branch, Laboratory Division, CDC.)

^{*}The total number of reported cases of aseptic meningitis based on weekly telegraphic reports was 6,480 for 1970.



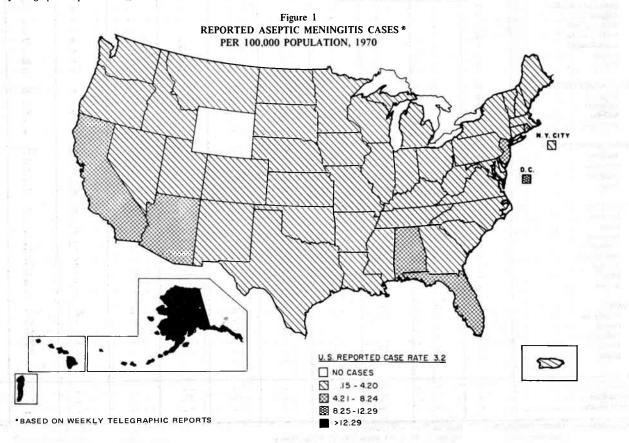


TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDING AUGUST 26, 1972 AND AUGUST 28, 1971 (34th WEEK)

	ASEPTIC		CHICKEN			1	ENCEPHALITI	S		HEPATITIS	
AREA	MENIN- GITIS	BRUCEL- LOSIS	POX	DIPHTHERIA			including c. cases	Post In- fectious	Serum (Hepatitis B)	Infec (Hepat	
34	1972	1972	1972	1972	Cum. 1972	1972	1971	1972	1972	1972	1971
UNITED STATES	180	7	299	- I	63	34	33	5	153	1,068	1,13
NEW ENGLAND	15		30	_	-	4	1	-	6	72	7
Maine *	-	_		-	_	-		-	1	1	1
New Hampshire	-		pri arri - m		_	-	-	-	1	13	- 1
Vermont	5	_	9		1 -	2	30 1	-1 11 -011	- 1	4 31	
Rhode Island	8		10			1 1	_		3	11	1
Connecticut	2	_	11	-	-	2	1	-	1	12	1
IIDDLE ATLANTIC	59	_	16		3	4	4		43	149	21
Upstate New York	6		1 1	_	1	1	2-6	Promi	4	34	- 2
New York City	15	_	15		2		_ 1		23	39	9
New Jersey *	38	-	NN	-	-	4	-		16	76	200 2
Pennsylvania					-111		3		10-2 11 -	•••	turi.
AST NORTH CENTRAL	29	_	169	_	4	9	6	2	22	158	14
Ohio	9	_	55	-	-	4	2	1	3	42	4
Indiana	5	-	7		-	-	1	-	-	12	
Illinois	13		1 , 5	-	3	1		1	3	42	1
Michigan	13	_	90	_	1	1 3	3	3 14 2 1	15	60 2	6
			~	_		m -, ii	Time		10 - 10		
EST NORTH CENTRAL	2	1	10	-	9	1	2	-	2	36	
Minnesota	2		-	-	-	-	-	-	1	7	
Iowa		1	3			n r land	-		-	5	
Missouri			2				1		1 11 -	10 3	No.
South Dakota	_	_		_	6	_	1	_		2	
Nebraska	-		5	-	3	-	_	_	1	1	
Kansas	-		-		-	-	-	-	-	8	1
OUTH ATLANTIC	21	_	17		9	7	3		23	131	21
Delaware		100 - 200	Edit T	_		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1	8 X	23	3	2.
Maryland	7	-	_	_	1	1	_	100-00	3	16	1
District of Columbia	-	_	1	_	-	-	-	-	1	_	A 110
Virginia	3	-	- 1 -	-	-	1		-		9	3
West Virginia *	- 8		15 NN		1 13 - 3/	5	1	LIL THE	8	6 29	2 2
South Carolina	1	_	1 1		1	M (3 3 1	2	- <u> </u>	°	9	1 1
Georgia	-	-	-	_	2		1217	_ 3		22	1
Florida	2	-	-	-	5	77 -	- Jo	-	11	37	8
AST SOUTH CENTRAL	9	4			,	1				(2	
Kentucky	2	2	100	V In	3	_	6	1	4	62 12	3
Tennessee	2	Turis or	NN	4 - 3	_	1	6	ile_ i	3	39	1
Alabama	5	1-230	7 Pt - 6 7	** - 4	3	_	1 250	1	× -	5	
Mississippi		2	원) - :	· -	- 7 %		- 1-3-1	- 77-7	1	6	-1-
VEST SOUTH CENTRAL	16	market and	17	200	24	1	4	10.0	6	157	11
Arkansas			1	2 (<u>-</u> 1)	5. P	2	7			36	
Louisiana	7	-5.1	NN	7 -	4	-	1 2	71077 – T	2	11	1
Oklahoma	2	75-	1.7	175	-	1	23 33.	- N- V	-	19	3
Texas	7		16	3,38%	20		3	V 17	4	91	6
IOUNTAIN	4	755 E.L.	11		5	2	- 3	106_11	4	74	7
Montana	W	200	5 5 <u>1</u> 67	-	1 - 1 - 1 - 1 - 1	30.5	1			3	1 - 1/1
Idaho	3	my = -i	1-1-1	2 1 - 4 ±	2	V 2	2	9(n= p./	-	9	
Wyoming	7.7	- 74	= 1X			4 .7	, T = 1 r ,	7-	-	2	
Colorado	18	2.3/1	7		1			_	1 2	17	3
Arizona		- I	4	3 y 🗆	2	_		_	2	21 12	1
Utah	- 1		0/14-0	-	77 - 1	-	-	_	-	8	
Nevada	- XS	1000	-	-	-	10%-	- II-	-	1	2	
ACIFIC	25	9 1	29		6	5	4		/.3	220	.,
Washington	1	d'	7		4	-	4	2	43	229 15	24
Oregon	- 17-7		_	-	_A	-02	97 <u>1</u> 33		i 1	42	3
California	24	110	-	-	1	5	4	2	40	152	18
Alaska		-	18	-	-	-	- 70	± .	1_96	11	
Hawaji			4	0 4 DC 66			10.00	3,500	-	9	
	10140			A.1 (4)						10.00	<u> </u>
uam	_		7		- 100	2		-			-:
		-	6		-	_	_	-		13	5

*Delayed reports: Aseptic meningitis: Pa. 1 Chickenpox: Me. 1 Hepatitis B: Me. 1, N.J. delete 1, Pa. 5

Hepatitis A: Me. 5, N.J. delete 2, Pa. 11, W.Va. delete 1

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDING AUGUST 26, 1972 AND AUGUST 28, 1971 (34th WEEK) — Continued

Distance Line	MAL	ARIA	ME	ASLES (Rube	eola)	MENINGOCOCCAL INFECTIONS, TOTAL			MU	MPS	RUBELLA	
AREA	- 1	Cum.		Cumulative				ulative	Cum.		1972	Cum.
	1972	1972	1972	1972	1971	1972	1972	1971	1972	1972	1972	1972
UNITED STATES	13	666	126	26,613	68,448	6	969	1,714	322	55,987	193	20,435
EW ENGLAND	2	21	10	3,091	3,411	2	39	79	11	2,362	1	941
Maine		2	-	243	1,460	-	3	8	1	281	-	6
New Hampshire	-	3	1	229	207	-	3	15	-	182	-	3:
Vermont		1	6	125 690	116 238	-	18	30	3	111 568		43
Massachusetts	1	1	_	519	238	_	10	3	1	372	_	8
Connecticut	1	8	3	1,285	1,152	= .	5	23	6	848	1	25
IDDLE ATLANTIC	_	49	11	974	7,469		119	234	44	3,067	7	1,85
Upstate New York	_	10	_	124	640	_	32	66	NN	NN	1	23
New York City		7	11	311	3,737	-	36	51	42	1,707	5	21
New Jersey	-	16	-	484	1,188	-	24	52	2	700	1	1,15
Pennsylvania *		16		55	1,904		27	65		660		25
AST NORTH CENTRAL	2	71	53	10,950	15,159	-	141	197	65	15,393	30	5,48
Ohio	1	13	8	244	3,977	-	56	63	9	2,166	10	38
Indiana	1	1 27	4 20	1,232	2,721 2,923	_	11 30	14 56	7	994 2,696	10 1	1,01
Illinois Michigan		27	20	1,973	2,923		38	52	14	2,679	6	1,25
Wisconsin	_	3	19	3,425	3,276	-	6	12	28	6,858	13	2,15
EST NORTH CENTRAL	1	44	2	937	6,785		68	126	20	8,290	4	1,26
Minnesota	i	7	_	19	52		19	21	1	673	_	48
lowa	_3	3	1	652	2,238	-	2	9	5	5,674	4	38
Missouri	_	11	1	163	2,599	-	20	46	6	525	-	10
North Dakota	-	1	_	52	231	-	_	5	8	335	_	2
South Dakota	-	4	-	6	215		2	5	-	117	-	1
Nebraska Kansas	1.5	3 15		18 27	64 1,386		16	14 26		268 698	_	19
OUTH ATLANTIC Delaware	2	100	11	2,121	7,584 37	2	220	299	40	5,246	8 -	1,57
Maryland	_	8	_	15	539	_	33	44	5	331		4
District of Columbia		5	_	2	15	-	9	12	_	20	_	4010
Virginia	1	5	- 1	60	1,572	1	49	35	-	1,126	-	7
West Virginia *	-	2	4	270	492		7	7	17	2,323	3	38
North Carolina		36	- 1 - 1	33	1,925	7 - 1	27	53	NN	NN	-	2.
South Carolina		10		214	903 337		20 15	20	. HEI	174	= =	5
Georgia Florida	1	22 12	7	1,313	1,764	1=	59	103	18	1,162	5	920
AST SOUTH CENTRAL		142	7	1.038	0 170		77	148	21	2,942	6	1,51
Kentucky	1 _	163 143	5	524	8,170 3,891		25	38		457	_	85
Tennessee		143		191	1,017		28	59	19	1,881	6	50
Alabama	1	16	1	141	1,851		16	28	1	494	_	4
Mississippi ,		4	1	182	1,411	-	8	23	1	110	_	11
EST SOUTH CENTRAL	5	76	11	1,447	12,337	3	122	145	35	4,732	17	1,48
Arkansas	-171	5	-	13	777	-	9	5	_	160	_	3
Louisiana	-	6	-	82	1,669	-	35	51	3	301	1	8
Oklahoma	1	5		10	750		6	7	2	158	16	1 22
Texas	4	60	11	1,342	9,141	3	72	82	30	4,113	16	1,32
OUNTAIN		42	6	1,756	3,186	-	18	54	10	2,874	51	1,11
Montana	-	2	- 1	15	923	-	2	6	1	175	- 43	3
Idaho		3		24	271 85		5	10	1	196 219	47	7
Wyoming	_	27	1	51 520	826		4	7	1	735	_	51
New Mexico		1 1	4	119	341	_	2	4		559	2	9
Arizona	_	6	1	872	404	-	1	8	7	807	2	36
Utah	_	2		155	329	-	2	14	-	138	-	2
Nevada	-	-			7		1	3	- 1-	45	-	
CIFIC	- 339	100	15	4,299	4,347	1	165	432	76	11,081	69	5,20
Washington	-000	- -		973	1,009	-	15	24	14	3,574	5	82 35
Oregon	_ Lbs	11 77	1 14	3,090	370 2,541	1 1	13 128	31 369	14 55	1,513 5,629	63	3,95
Alaska	- 58	3	· -	11	55		6	307	-	97	_	2
Hawaii	- 10	9	0.75	95	372		3	8	3	268	-1	5
												-
erto Rico		2	2 2	614	467	-	11 4	8	11	763	1	2
	_			2.7	17		2			129		

Delayed reports: Malaria: W.Va. delete 1 Measles: Me. delete 1

Mumps: Pa. 8 Rubella: Pa. 3

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDING AUGUST 26, 1972 AND AUGUST 28, 1971 (34th WEEK) — Continued

1000	TETT A NIVIG	TB		NEW TOTAL	TYPI	HOID		S FEVER	VENEREA	L DISEASES		IES IN
AREA	TETANUS	(New Active)	TULA	REMIA		ÆR		BORNE potted fever)	GONOR- RHEA	SYPHILIS (Pri. & Sec.)	ANI	MALS
	1972	1972	1972	Cum. 1972	1972	Cum. 1972	1972	Cum. 1972	1972	1972	1972	Сип 197
UNITED STATES	1	712	5	92	21	223	25	376	17,772	522	63	2,85
NEW ENGLAND	1	15	-	- '	-	11	1	1	391	12	1	
Maine		_		-	- <u>-</u>	2	1 1		54 16	_	1.	
New Hampshire		_	_			_			18		_	
Massachusetts	_	13	-		_	7	1	1	126	4	-	
Rhode Island	- 1	2	_	-	-	_	_	-	39	1	_	- 60
Connecticut	1	-	-	-	-	2	-	_	138	7	-	
IDDLE ATLANTIC	/ <u>=</u>	138		1 1	_	35	1	19	2,393	124	31	1158
Upstate New York	_	24	_	-	- '	12	-	5	546	11	-1 -	0.000
New York City		84	-	-	- 1	19	-	1	1,485	83	- 1	0.75
New Jersey		30	-	1 1	' '	3	1	8	362	30	_	
Pennsylvania *				-		1		5				11.2
AST NORTH CENTRAL		105	1-	1	. 1	18	-	19	1,757	26	100-00	2
Ohio	-	41	-	1 .	4	6	-	18	727	6	_	- 4
Indiana	-	11	-		- 13	_	1 - 1	-	203	5	_	
Illinois		26	-		1	6	-	=	96 522	1 13		
Michigan		25 2		_	_	1		1	209	1 1	Ξ.	
Wisconsin		-							207			
EST NORTH CENTRAL		29	2	22		5	-	15	1,258	11	15	7
Minnesota	- 1	6	1-31		-	-	-	-	130	-	3 5	1 2
lowa	-	14		17		3	_	2 8	105 600	3 4	3	1
Missouri		1		'_	_	-	1		18	4	1	10.01
North Dakota	_	2		1				4	41			- 1
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^{*}Delayed reports: Tuberculosis: Kans. delete 1, Ky. delete 1, Ala. 1, Ariz. delete 2 Gonorrhea: Pa. 699, La. delete 3

TABLE IV. DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDING AUGUST 26, 1972

Week No

(By place of occurrence and week of filing certificate. Excludes fetal deaths)

Area All Age more of lyour All All Age more of lyour All All Age more of lyour All All Age and and All Age and and All Age and and and All age and and and and All age and and and and and and and an			All Causes		Pneumonia			Pneumonia		
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Fail Ruse, Man. 10	Cambridge Mass		18	_	6		106	57	3	
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Somewhile Mass	New Haven, Conn.									
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Watchury, Conn.	Springfield, Mass.	49	35	-	4					
	Waterbury, Conn	35	31	1	-	EAST SOUTH CENTRAL	656	335	41] 3
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^{**}Estimate based on average percent of divisional total.

INTERNATIONAL NOTES **OUARANTINE MEASURES**

The following changes should be made in the "Supplement - United States Designated Yellow Fever Vaccination Centers," MMWR, Vol. 21, No. 20 (NOTE: This Supplement was incorrectly numbered as Volume 20.):

HAWAII

Hilo University of Hawaii Center for Cross-

Cultural Training and Research Change name and address to:

University of Hawaii Chancellor's Office

1643 Kilauea Avenue 96720

ILLINOIS

Chicago United Air Lines Medical Dept. 60666

Change Clinic hours to: By appt.,

Fri. 2-3 p.m.

INDIANA

Crown Point NEW CENTER:

> Lake County Health Department 209 West Joliet Street 46307

219, 633-0760

Wed., 9-11 a.m., Fee charged.

MASSACHUSETTS

Boston Medical Care Associates, Inc. 02199

Change Clinic hours to: By appt.

Mon.-Fri., 9 a.m.-5 p.m.

MINNESOTA

Duluth Clinic 55802 Duluth

Change telephone number to:

218, 722-8364

NEW MEXICO

University Park New Mexico State University

Change Zip Code to: 88003

NEW YORK

Brooklyn American Export Isbrantsen Lines, Inc.

Change name to:

American Export Lines, Inc.

New York NEW CENTER:

> Life Extension Institute 11 East 44 Street 10017

212, 687-2560

Mon.-Fri. 8:30 a.m.-4 p.m.

Fee charged.

Errata

Vol. 21, No. 32, p. 274

In the article "Imported Falciparum Malaria - California," second paragraph, tenth sentence, delete albumin and insert fibrinogen.

Vol. 21, No. 33, p. 281

In the article "Strongyloidiasis Associated with Malnutrition - Florida," second paragraph, third sentence, delete hookworm and insert hookworm-like rhabditiform larvae.

Also, add the following names to the credits: M. Strome, P.H.N., M. Escoto, P.H.N., B. Gold, P.H.N., and M. Saslaw, M.D., Director, Dade County Department of Public Health.

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Director, Center for Disease Control Director, Epidemiology Program, CDC Editor, MMWR

David J. Sencer, M.D. Philip S. Brachman, M.D. Michael B. Gregg, M.D.

The data in this report are provisional, based on weekly telegraphs to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the succeeding Friday

In addition to the established procedures for reporting morbidity and mortality, the editor welcomes accounts of interesting outbreaks or case investigations of current interest to health officials.

Address all correspondence to:

Center for Disease Control Attn: Editor
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Atlanta, Georgia 30333

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